Please type a plus sign (+) inside this box $\, \longrightarrow \,$

PTO/SB/08A (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute fo	or form 1449A/	/PTO		Complete if Known				
				Application Number				
INFOR	RMATIC	ON DIS	CLOSURE	Filing Date				
STATI	EMENT	BY A	PPLICANT	First Named Inventor	BRODY, MOSHE			
				Group Art Unit				
(us	se as many :	sheets as r	necessary)	Examiner Name				
Sheet	1	of	1	Attorney Docket Number				

U.S. PATENT DOCUMENTS								
Examiner Initials*	Cite No.1	U.S. Patent Number	Kind Code ² (if known)	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear		
		5,708,70	9	Rose	01-13-1998	COL 1 LINES 18-19		
		5,287,4		Samson	02-15-1994			
		5,872,9		Dykes et al.	02-16-1999	COL3 LINES 32-42		
		5,974,5		Golan	10-26-1999	COL 2 LINES 12-27		
		5,978,4		Apperson et al.	11-02-1999	COL 2 LINES 44-53		
		,						
				· · · · · · · · · · · · · · · · · · ·				
		<u> </u>						
-								

				FORE	IGN PATENT DOCUMENT	rs		
Examiner Cite Initials No.1	0:1-	F	oreign Patent Do		Name of Patentee or	Date of Publication of	Pages, Columns, Lines, Where Relevant	
	Office ³	Number ⁴	Kind Code ⁵ (if known)	Applicant of Cited Document	Cited Document MM-DD-YYYY	Passages or Relevant Figures Appear	T ₆	
								\sqcup
					<u> </u>			\vdash
		 						
								+
								+-
		 					<u>.</u>	+
-		 			·	-		

Examiner	-			Date	
Signature				Considered	

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U. S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



^{*}EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Unique citation designation number. 2 See attached Kinds of U.S. Patent Documents. 3 Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). * For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. 5 Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

Please type a plus sign (+) inside this box → +



D/SB/08B (08-00) 2. OMB 0651-0031

PTO/SB/08B (08-00)
Approved for use through 10/31/2002. OMB 0651-0031
U. S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE quired to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449B/PTO					Complete if Known			
				Application Numb	er			
INFC	PRMATI	ON [DISCLOSU	RE Filing Date				
STA	TEMEN.	T RY	APPLICA	NT First Named Inven	tor BRODY, MOSHE			
0.7.			, ti i <u>Lio</u> ,	Group Art Unit				
	(use as ma	ny shee	ts as necessary)	Examiner Name				
Sheet	1	of	1	Attorney Docket Nur	mber			

		OTHER PRIOR ART NON PATENT LITERATURE DOCUMENTS	
Examiner Initials*	Cite No.1	publisher, city and/or country where published.	Τ2
	İ	http://forum 2. java. sun. com/forum? 1400, ee788cz, 08-jan-1999	
		http://forum 2. java. sun. com/forum? 1400.ee788cz, 08-jan-1999 HBARROW (The Need for Network Software Protection)	
•			
	 		
		·	
	<u> </u>		
	ļ		
	<u> </u>	J	
Examine Signature		Date Considered	

^{*}EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Unique citation designation number. ² Applicant is to place a check mark here if English language Translation is attached.